

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/537241

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/											
2		/											
3		/											
4		/											
5		/											
6		/											
7		/											
8		/											
9		/											
10		/											
11		/											
12	/												
13	/												
14	/												
15	/												
16		/											
17		/											
18		/											
19		/											
20		/											
21		/											
22		/											
23		/											
24		/											
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	5												
TOTAL DEP.	19												
TOTAL CLAIMS	24												